

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A

660260

Forestdale Oct 25 Bk 5 Key 33-103-25

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

708

Local No. 004

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

1. DECEASED—NAME FIRST: Charles H. COOPER MIDDLE: H. LAST: COOPER		SEX: 2. male	DATE OF DEATH (MONTH, DAY, YEAR): 3. Nov. 22, 1981
4. RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—Last birthday (Yr.) 5a. 76	DATE OF BIRTH (Mo., Day, Yr.) 6. April 12, 1905	COUNTY OF DEATH 7. Lake
7b. CITY, TOWN OR LOCATION OF DEATH Hammond		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in other give street and number) Residence: 6828 Forestdale Ave.	
8. STATE OF BIRTH (If not in U.S.A. name country) 9. Indiana	9. USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. married	11. SURVIVING SPOUSE (If wife give maiden name) 11. Dorothy Seestadt
12. SOCIAL SECURITY NUMBER 12. 332-10-8699	14. USUAL OCCUPATION (Give kind of work done during most of working life, as on 1st listed) 14. Instrument Man	14b. KIND OF BUSINESS OR INDUSTRY 14b. Linde Air	
15. RESIDENT—STATE 15. Indiana	15b. COUNTY 15b. Lake	15c. CITY, TOWN OR LOCATION 15c. Hammond	
16. RESIDENT ADDRESS 6828 Forestdale Ave.		15. IS RESIDENCE ON A FARM? 15. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME FIRST: Howard MIDDLE: J. LAST: COOPER		17. MOTHER—MAIDEN NAME 17. Josephine	
18. INFORMANT—NAME (Type or print) Mrs. Dorothy Cooper (wife)		18b. MAILING ADDRESS 6828 Forestdale Ave. Hammond, Ind. 46323	
19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19. Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME 19b. Concordia Cemetery	
20. DATE (MONTH, DAY, YEAR) 20. Nov. 25, 1981		19c. LOCATION 19c. Hammond, Ind.	
21. NAME OF ATTENDING PHYSICIAN (Type or print) 21. CHONG L. PAIK, M.D.		21b. DATE SIGNED (Mo., Day, Yr.) 21b. 11/23/81	
21d. MAILING ADDRESS—PHYSICIAN 21d. 1933 Hart Street, Dyer, IN. 46311		21c. HOUR OF DEATH 21c. 11/22/81 10:19 PM	
22. HEALTH OFFICER SIGNATURE 22. [Signature]		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOV 23 1981	
23. IMMEDIATE CAUSE 23. Cardiac pulmonary arrest		Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: (b) Amyotrophic lateral sclerosis		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
CAUSE		24. AUTOPT (Specify Yes or No) 24.	

FUNERAL HOME
No. 280

FUNERAL DIRECTOR'S
LICENSE No. 1783

EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

LICENSE No. 1350

Date Issued

John C. Aubert

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

NOV 23 1981

HAMMOND HEALTH COMMISSIONER

Disposition Permit
Issued 1-1-1
Provisional
Certificate
 Yes No